FAMILY HEALTH COUNCIL, INC./DIETETIC INTERN
ADDENDUM TO APPLICATION
(Must be completed and returned with the application.)

Name: _____

Overall GPA: _____ **Nutrition GPA:** _____

Full Time or Part Time Status Requested? (circle one) **Full Time** **Part Time**

Date Received BS: _____ _____
(Month/Year) **(Name of Facility)**

Date Received MS: _____ _____
(Month/Year) **(Name of Facility)**

Please list all Clinical/Management Experience:

Employer's Name	Volunteer or Paid? (check one)		Position Title	Dates of Employment		Hours worked per week
	Vol	Paid		From	To	

Please list all WIC or Community Nutrition Related Experience:

Employer's Name	Volunteer or Paid? (check one)		Position Title	Dates of Employment		Hours worked per week
	Vol	Paid		From	To	

Please list all Communication/Outpatient Skill Experience:

Employer's Name	Volunteer or Paid? (check one)		Position Title	Dates of Employment		Hours worked per week
	Vol	Paid		From	To	

****Please attach your current resume to this sheet.**